

**MODIFICATION OF GRANT OR AGREEMENT**

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1. U.S. FOREST SERVICE GRANT/AGREEMENT NUMBER:
09-FI-11050359-0232. RECIPIENT/COOPERATOR GRANT or
AGREEMENT NUMBER, IF ANY:3. MODIFICATION NUMBER:
0014. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING
GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):
El Dorado National Forest
100 Forni Rd
Placerville, CA 95667-5315. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING
PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):
El Dorado National Forest
100 Forni Rd
Placerville, CA 95667-53106. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip +
4, county):
Rescue FPD
P.O. Box 201
Rescue, CA 95672-02017. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS
payment use only):**8. PURPOSE OF MODIFICATION**CHECK ALL
THAT APPLY:This modification is issued pursuant to the modification provision in the grant/agreement
referenced in item no. 1, above.

- ☒ CHANGE IN PERFORMANCE PERIOD: May 1, 2012 through April 30, 2013
- ☐ CHANGE IN FUNDING:
- ☒ ADMINISTRATIVE CHANGES: Change FS Administrative Contact to: John V. Hefner, Grants Management Specialist,
631 Coyote St., Nevada City, CA 95959. Telephone: 530-478-6828 Fax: 530-478-6126 Email: jvhefner@fs.fed.us
- ☐ OTHER (Specify type of modification):

Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full
force and effect.9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):
Annual Operating Plan for 2012 is the same and will remain in effect through April 30, 2013**10. ATTACHED DOCUMENTATION (Check all that apply):**

- ☐ Revised Scope of Work
- ☐ Revised Financial Plan
- ☐ Other:

11. SIGNATURESAUTHORIZED REPRESENTATIVE: BY SIGNATURE BELOW, THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRESENTATIVES OF
THEIR RESPECTIVE PARTIES AND AUTHORIZED TO ACT IN THEIR RESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE-REFERENCED
GRANT/AGREEMENT.11.A. Nevada County Consolidated Fire Department
SIGNATURE11.B. DATE
SIGNED

5-14-2012

11.C. U.S. FOREST SERVICE SIGNATURE

11.D. DATE
SIGNED

5/23/2012

(Signature of Signatory Official)

(Signature of Signatory Official)

11.E. NAME (type or print): THOMAS KEATING

11.F. NAME (type or print): KATHYRN D. HARDY

11.G. TITLE (type or print): Fire Chief

11.H. TITLE (type or print): Forest Supervisor

12. G&A REVIEW

12.A. The authority and format of this modification have been reviewed and approved for signature by:

12.B. DATE
SIGNEDKELLIE HAMILTON, RS
U.S. Forest Service Grants & Agreements Specialist

5/8/12



Burden Statement

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**2012 SALARY SURVEY
and
ACTUAL ADMINISTRATIVE RATE
for the
AGREEMENT FOR LOCAL GOVERNMENT FIRE AND EMERGENCY ASSISTANCE TO
THE STATE OF CALIFORNIA AND FEDERAL FIRE AGENCIES
(California Fire Assistance Agreement)**

Please complete and/or correct this salary survey information sheet (all fields on this form that pertain to your agency are required or survey may be returned due to lack of information). Return your completed survey as soon as possible to:

Cal EMA Fire and Rescue Division
Attn: Reimbursement Section
3650 Schriever Avenue
Mather, CA 95655

or Fax:
(916) 845-8396

* To ensure our receipt of your salary survey, we suggest you mail it to us "Certified with Return Receipt Requested" *

| | |
|-------------------------------------|---|
| Agency 3-Letter MACS ID: | RES |
| Agency/Department Name: | Rescue Fire Protection District |
| Chief's Name: | Thomas M. Keating |
| Physical Address, City, State, Zip: | 5221 Deer Valley Road, Rescue, CA 95672 |
| Mailing Address: | P. O. Box 201 |
| City, State, Zip Code: | Rescue, CA 95637 |
| Telephone Number: | 530-677-1868 |
| FAX Number: | 530-677-9609 |
| *E-mail Address: | chief@rescuefiredepartment.org |
| *Alternate E-mail (Required): | jodi@rescuefiredepartment.org |

* E-mail is for individual responsible for reviewing and processing salary survey, administrative rate and invoices.

All information provided on this form is subject to audit by CAL FIRE and the Federal Fire Agencies signatory to the California Fire Assistance Agreement.

Please provide the hourly "Average Actual Rate", for each classification used by your agency that is reflected in the chart below. Instructions for calculating the "Average Actual Rate" are provided in the "Instructions", included with this document.

| Classification Title | Current Rate on file as of: Base Rates | Avg. actual rate (Straight Time) as of: | Above B/C w/ an MOA/MOU for above straight time (OT) |
|--|--|---|---|
| Chief Base Rate = \$20.08 | \$20.08 /per Hour | 48.1586 /per Hour | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Deputy Chief Base Rate = \$20.08 | \$20.08 /per Hour | /per Hour | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Division Chief Base Rate = \$20.08 | \$20.08 /per Hour | /per Hour | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Assistant Chief Base Rate = \$20.08 | \$20.08 /per Hour | /per Hour | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Battalion Chief Base Rate = \$20.08 | \$20.08 /per Hour | /per Hour | |
| Co. Officer/Capt./Lt. Base Rate = \$16.44 | \$16.44 /per Hour | 25.9650 /per Hour | |
| App Officer/Engineer Base Rate = \$16.44 | \$16.44 /per Hour | 22.7695 /per Hour | |
| Firefighter/FF-PMedic Base Rate = \$16.44 | \$16.44 /per Hour | 19.0970 /per Hour | |
| Workers Compensation Insurance Rate: | 0.0747 (Enter as decimal) | | |
| Unemployment Insurance Rate: | 0 (Enter as decimal) | | |
| Actual Administrative Rate: | .1 (Enter as decimal) | | |
| Agency Federal Taxpayer ID Number or Federal Employer ID Number: | 94-2668263 | | |
| Agency Data Universal Numbering System DUNS Number: | 007724297 | | |

NOTE: These rates are not effective until the date they are received by Cal EMA.

*** If your Actual Administrative Rate is on file, you are required to update the rate by May 15, 2012. After that date, the rate will default back to 10%.

What is reported on this form constitutes ~~direct salary~~ costs for employees.

I have reviewed the information provided by my Agency/Dept. and certify to the best of my knowledge and belief that this information is correct.

Dept./Agency Fire Chief Signature: _____

Date: _____

5-14-2012